

Under the Sunburst, 2-10-1955, 11555

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	
First Inventor	Michael Lawrence Beauchamp
Title	
Express Mail Label No.	3881-3-5761

21906 U.S. PRO 10/645044



APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

081803

- | | |
|--|---|
| <input type="checkbox"/> | Fee Transmittal Form (e.g., PTO/SB/17)
<i>Submit as original and a duplicate for fee processing.</i> |
| <input checked="" type="checkbox"/> | Applicant claims small entity status. |
| See 37 CFR 1.27. | |
| <input checked="" type="checkbox"/> | Specification [Total Pages] 4
<i>(preferred arrangement set forth below)</i> |
| <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure | |
| <input checked="" type="checkbox"/> | Drawing(s) (35 U.S.C. 113) [Total Sheets] 9 |
| 5. Oath or Declaration [Total Pages] | |
| a. <input checked="" type="checkbox"/> | Newly executed (original or copy) |
| b. <input type="checkbox"/> | Copy from a prior application (37 CFR 1.63 (d))
<i>(for continuation/divisional with Box 18 completed)</i> |
| i. <input type="checkbox"/> | DELETION OF INVENTOR(S)
Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |
| <input checked="" type="checkbox"/> | Application Data Sheet. See 37 CFR 1.76 |

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))

10. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)

11. English Translation Document (if applicable)

12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
 Citations

13. Preliminary Amendment

14. Return Receipt Postcard (MPEP 503) *attach* ⁵
(Should be specifically itemized) *Stamps postpaid*

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.

17. Other:

1. Addressed
and to a large
list of
concern
in case
anything
for each

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____ / _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		or <input type="checkbox"/> Correspondence address below	
Name	Michael Lawrence Beauchamp 651-B Minna Street		
Address			
City	San Francisco	State	California
Country	San Francisco	Telephone	(415) 756-7331
		Fax	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

16938 U.S. PTO
DA/12/13

PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete If Known

Application Number	
Filing Date	
First Named Inventor	Michael Lawrence Beauchamp
Examiner Name	
Group Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number	
Deposit Account Name	

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 740	201 370	Utility filing fee	775.00
108 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$ 375.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
Independent		-20** =	X	=
Claims		- 3** =	X	=

Multiple Dependent: _____

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9.	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105 130	205 85	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plantissue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	Michael Lawrence Beauchamp	Registration No. (Attorney/Agent)	Complete (if applicable)
Signature		Telephone	(415) 756-7331
		Date	8/18/2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on 2031. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.